

Social indicators and venereal disease

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Since 1955 the steadily improving financial situation of the United Kingdom has contributed to many changes. In physical terms this has meant better housing, roads, transportation services, and schools, and a less polluted atmosphere. Social improvements have brought better nutrition, longer education, and more evenly spread health services. These changes are widely recognized, appreciated, documented, and clearly correlated ('Social Trends', 1970; Moser, 1970); they are to be found in many developed countries and may be viewed as on the credit side of a nation's balance sheet of progress. Less well recognized, little appreciated, poorly documented, and seldom, if ever, correlated, are the entries on the debit side of the account.

The Table shows that many adverse phenomena suggesting social ill-health have become much commoner. Some of these have beset mankind for a long time. The upward trends in most of them started in 1955 along with the increased prosperity and have continued since. Almost all the rises have run in

parallel, particularly those relating to crimes against persons or property and those concerned with sex. Others have a more recent history. Some increases are associated with liberalization of the law, for example, divorce and abortion.

Of special interest is that the upward trend in the incidence of gonorrhoea has many accompaniments in what may be called the manifestations of social pathology. All have taken place with economic and scientific progress and the extension of freedom from legal restrictions and social sanctions. There has been, for example, increasing liberality in the laws concerning suicide, divorce, and abortion, and more permissive and tolerant attitudes towards pre-marital sex, illegitimacy, and venereal disease.

It has become clearer that many of the phenomena denoting a lack of order are the products of the structure and function of society. Also important is the observation that the resulting indices of emotional distress and social ill-health are in some way related. Apart from these fundamental facts, however, we

TABLE *Incidence of certain social phenomena in England and Wales*

Year	1963	1968	1969	1970
Indictable offences	978,076	1,289,090	1,488,638	1,555,995
Non-indictable offences	1,154,073	1,387,724	1,372,584	1,426,059
Juveniles found guilty	128,394	117,537	119,928	123,166
Violence against the person	12,832	18,338	20,855	23,443
Breaking and entering	47,249	51,898	a—	a—
Sexual offences	6,120	6,343	6,497	6,656
Consumption of spirits ^c	17.3	18.6	17.5	20.1
Drunkenness	79,598	75,225	77,007	78,748
Prostitution offences	1,982	2,452	2,318	2,347
Suicides	5,715	4,584	4,326	3,939
Attempted suicides	Estimated to be 6 to 8 times suicide rate ^b			
Legitimate births	796,206	731,966	711,589	720,000
Illegitimate births	59,104	69,806	67,041	64,744
Legal abortions ^c		22,000 ^d	54,000	83,000 ^e
Divorces filed	36,385	54,036	60,134	70,575
Divorces decrees absolute	31,405	45,036	50,063	57,421
Vehicles with current licence (thousands) ^d	11,446	14,446	14,753	14,950
Total casualties in road accidents	356,179	349,208	353,194	363,348
Deaths in road accidents	9,622	6,810	7,383	7,501
Deaths from lung cancer	24,434	28,836	29,768	30,281
Cases of gonorrhoea	36,049	44,962	50,037 ^h	53,617 ^h

^aDeleted with changes in legal terminology, ^bSee Stengel (1964), ^cMillion proof gallons, ^dGreat Britain, ^eRound figures only, ^f8 months only, ^g1971—126,000, ^hEngland only
Compiled mostly from the 'Annual Abstract of Statistics' (1971), H.M.S.O. London

have little understanding of them, and they offer poor hope for prediction or prevention.

Our ignorance at this sociological level is only equalled by our lack of information when we are faced with the individual patient. We do not know, for example, which adolescent girl with gonorrhoea will make a suicide attempt, become pregnant, tattoo herself, take drugs, or return again and again with gonorrhoea. The occasional girl will exhibit all these manifestations of social ineptitude and emotional instability, while attempting to cope with her changing cultural environment, its pressures and hazards.

For nearly a century health personnel have been occupied with the physical environment and particularly with the deployment of medical and social sciences to prevent the diseases of infancy and childhood. Successes in this field have been notable, but it is clear that the time has now come to focus attention on the cultural environment and the medico-social risks it holds for adolescents. Our knowledge is scanty, for instance, of the effects on adolescents of flat dwelling, financial independence, and prolonged education, and how these may play a part in precipitating depression, drug dependence, earlier sex experience, and venereal disease.

This short paper is a plea for a more realistic medico-social approach, towards what is clearly a problem of public health. Research is required not just to define the average actions of adolescents but the range and nature of these actions and to discover

how far they are responses to the changing environment. The need is to identify social indicators of various kinds. Some will describe the social situation or its dynamics with regard to the quality of young peoples' social lives, individual needs, and problems. Others could help to evaluate areas of progress or decline. We also need to develop social indicators of a predictive nature and to escape from the present compartmental approach to medico-social problems which, for example, views venereal diseases in isolation from other socially-determined phenomena.

Many developed countries are similarly affected, and the immediate need is for governments to provide resources and trained statisticians to collect, collate, and evaluate the data. Such comprehensive statistics would offer a basis for greater public and professional awareness and for rational action in the provision of facilities for the care of social casualties. They would also lead to the framing of acceptable schemes for improving social order and so to a greater degree of prophylaxis of socially-based ill-health.

References

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